Case Number:	CM15-0008092		
Date Assigned:	01/23/2015	**Date of Injury:**	08/16/2013
Decision Date:	03/19/2015	**UR Denial Date:**	01/02/2015
Priority:	Standard	**Application Received:**	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72 year old male with a date of injury as 08/16/2013. The cause of the injury occurred when the worker fell down some steps resulting in injuries to his face, chest , knees, hands, shoulder, and back. The current diagnoses include joint derangement shoulder and internal derangement knee. Previous treatments include oral and topical medications, physical therapy, and injections. Primary treating physician's reports dated 06/19/2014 and 09/25/2014, qualified medical examination dated 01/08/2015, and imaging studies were included in the documentation submitted for review. Report dated 09/25/2014 noted that the injured worker presented with complaints that included constant right shoulder and constant bilateral knee pain, pain level was noted to be 9 out of 10. Physical examination revealed tenderness to palpation in the shoulder with positive Hawkin's and impingement signs. Examination of the knee revealed joint line tenderness, patellar grind and McMurray test is positive, crepitus with painful range of motion, and clinical evidence of instability. Documentation submitted did not include a recent primary treating physician's report with a detailed evaluation of improved functionality with the use of the requested medications. The utilization review performed on 01/02/2015 non-certified a prescription for compound medications, Lidocaine/hyluronic (patch) 6%/0.2% cream and Flubiprofen/Capsaic (patch) cream based on the clinical information provided. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compounded medication (Lidocaine 6%/ Hyluronic (patch)0.2 % cream 120 gms with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and knees. The request is for LIDOCAINE 6% /HYALURONIC patch 0.2% CREAM 120GM with 3 refills. The patient is currently working with full duty. MTUS guidelines page 112 on topical lidocaine states, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. MTUS guidelines page 112 on topical lidocaine states, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. MTUS page 111 further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. Hyaluronic acid is not supported by ODG for topical application. The request IS NOT medically necessary.

Compounded medication (Fluriprofen/Capsaic (patch) cram 120gm with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and knees. The request is for FLUBIPROFEN/ CAPSAICIN -PATCH 120GM WITH 4 REFILLS. MTUS guideline page 111 recommends Non-steroidal antinflammatory agents NSAIDs as topical analgesics for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use 4-12 weeks. MTUS guidelines page 112 indicates capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in

very high doses. In this case, the treater does not document how this medication is being used with what effectiveness. Topical NSAIDs are only indicated for peripheral joint tendinitis/arthritis and the patient does present with knee pain. But the treater does not mention that this topical is used for the knee condition and with what effectiveness. The request IS NOT medically necessary.